



What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY
HEALTH AND FAMILY PLANNING PROJECT



Vol. 4, No. 1

Navrongo Health Research Centre

EVEN THE BLIND CAN SEE

This issue of *What works? What fails?* is one in a series of interviews conducted with Paramount Chiefs to hear their impressions of the Community Health and Family Planning Project

Would you say the Navrongo Health Research Centre (NHRC) has had any impact on health in your paramountcy? Could you explain by giving examples?

The activities of the NHRC have had a tremendous effect on the health of people in my traditional area. The Community Health Officer has been particularly helpful. She has rescued us from the cruel hands of diseases like Cerebro-Spinal Meningitis that had been striking us—especially children. Before her coming, headaches and abdominal diseases were rampant. Now fever and malaria seem to be our main problems, but she is working seriously toward bringing these diseases under control.

Did anyone from the NHRC come to see you about the Community Health and Family Planning Project (CHFP)? (If yes): Can you describe the first such occasion when someone from the NHRC came to talk to you about the CHFP?

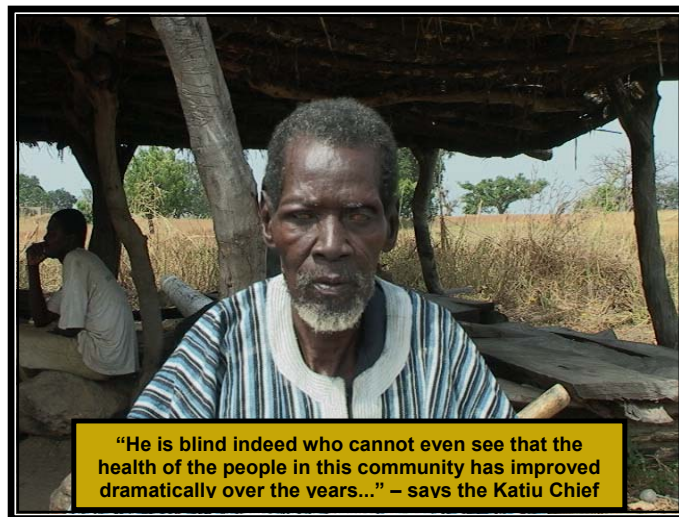
I was not the chief at that time—I was a member of the Council of Elders in the chief's court. I remember the NHRC came and said it was coming to listen to our health problems and together find practical solutions to them. They said they would send a nurse to live with us so that when our children fall sick she is there to help them.

Having expressed the reason for stepping into your community, what was your immediate reaction?

We readily accepted the nurse into our midst hoping we would benefit from her work. We have not been disappointed at all. She has been very helpful in attending to our women—especially during labour and there have been safe deliveries over the years—though occasionally some children or their mothers die during childbirth.

We have many nurses in other communities and some complain that most mothers refuse to bring their children for health care services. They also complain that people do not often turn up to provide labour when it comes to maintaining Community Health Compounds (CHC) for example. Do you experience such occurrences here?

There are no such problems in my locality at all. People readily go to her for medicine when they fall sick. Women also attend antenatal health care clinics and patronize other health services.



"He is blind indeed who cannot even see that the health of the people in this community has improved dramatically over the years..." – says the Katuu Chief

We know you are visually impaired. Can you really see that healthwise things have changed in this community?

Of course I can. He is blind indeed who cannot even see that the health of the people in this community has improved dramatically over the years, thanks to the resident nurse. As an elder I attend fewer and fewer funerals and hear of fewer and fewer pregnancy-related deaths. I am not saying these things don't occur anymore—I am saying they are few and far between. I don't hear of measles any more.

Are there any aspects of health that you think have not been addressed under the CHFP? (If yes): What do you think should be added to the programme?

I think the nurse is doing very well. In fact she has been attending to all our health problems and I don't think there is something left out. However, when there are new developments, we shall let her know for immediate attention.

From the various types of services that the nurse provides, which of them has touched your heart?

I will say the services she renders to pregnant women especially during labour. She attends to them with expertise and they deliver safely. This aspect of her work touches my heart most.

The sub-District Health Centre in Asunia is mandated to cater for all the health needs of the whole West zone. Why do you still need a nurse in Katiu?

We are also concerned with our own locality and her deployment here makes it easier for us to get medical attention without having to travel to a different place.

There has been an unpleasant incident here with the nurse relating to theft, how did that happen?

We have had the misfortune of someone breaking into the nurse's residence and making away with her belongings. That was very unfortunate but we took swift action as soon as it happened. I sent a search squad which travelled 900km to apprehend the culprit, had him tried, and thrown into jail. That decisive action is a strong warning to others that undisciplined acts will not be tolerated—especially with regard to the nurse. The community has a responsibility to protect and defend the nurse and we shall not fail to do our duty.



A study has indicated that the ancestors are not averse to family planning. As a traditional ruler, do you agree with this conclusion?

In those days, our ancestors consulted gods when their wives were about to deliver. What I also remember about them is that they never planned their families. They gave birth until the woman reached her menopause. Now the ancestors see us from wherever they are and I am sure they know things have changed. If things had been so in their time I believe they would have embraced family planning the way we have accepted it today.

The work of the nurse has been acclaimed as the most effective way to deliver health services to rural people. Now the government has asked districts throughout the country to replicate our example. How do you feel about this?

I am happy to hear that our good work is going to be replicated in other parts of Ghana and in lands far and near. It is something to smile about. We really helped the nurse as she helped us and her work has been running smoothly.

Send questions or comments to: What works? What fails?

Navrongo Health Research Centre, Ghana Health Service, Box 114, Navrongo, Upper East Region, Ghana
What_works?@navrongo.mimcom.net

This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation. The Community Health Compound component of the CHFP has been supported, in part, by a grant from the Vanderbilt Family to the Population Council.